

**Submit this document to:**

Crime Victims Compensation Program  
Department of Labor & Industries  
Post Office Box 44520  
Olympia, Washington 98504-4520

**CVCP PROGRESS NOTE:  
FORM III**

This form *must* be submitted by session 16. Preauthorization for payment of additional sessions, *not to exceed 30 for adults and 40 for children*, is contingent on the detail provided in this form. You should begin to consider whether or not you will need more than the 30/40 sessions, and the rationale behind the need.

**Bill Procedure Code 0124C For This Report.**

Victim's Name		Cvcp Claim Number
Family Member's Name (if counseling is for a family member of a sexual assault or homicide victim)		Date treatment began
Time Period this Report Covers ( <i>from month/day/year to month/day/year</i> )		Date Form Completed
Clinician's Name	Clinician's Provider Number (if known)	Number of sessions to date
Clinician's Address		Clinician's Phone Number (   )
City		State      Zip+4

***Please review the CVCP guideline on Initial Response, Assessment and Documentation Procedures and provide answers to the questions listed below. You may copy and complete this form, or send a narrative report that contains all of the points listed below.***

- 1) Is there substantial progress toward recovery from the crime related condition(s)?  
☐ Yes (continue on to question #2)  
☐ No (continue on to question #3)
- 2) If yes, do you expect that treatment will be completed within the allocated 30 sessions for adults/ 40 sessions for children?  
☐ Yes  
☐ No (please continue on to question #3)
- 3) What complicating or confounding issues are hindering recovery?

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